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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
APPLICATION AS FILED – PART I (Column 1) (Column						_	SMALL I	ENTITY	OR	OTHER SMALL		
	FOR	NUME	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	IIC FEE CFR 1.16(a), (b), or (	c))							1			
SEARCH FEE (37 CFR 1.16(k), (i), or (m))						1			1			
EXA	MINATION FEE CFR 1.16(o), (p), or (					1			1			
	AL CLAIMS CFR 1.16(i))		minus 20	) = •	· · · · ·	]	x =		OR	x =		
	EPENDENT CLA CFR 1.16(h))	MS	minus 3	= *			x =		]	x =		
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MUI	TIPLE DEPEND	ENT CLAIM PRES	SENT (37 C	FR 1.16(j))								
• If t	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							SMALL I	ENTITY	OR •	OTHER THAN SMALL ENTITY		
ENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
ME	Total (37 CFR 1.16(i))	<u>&amp;</u>	Minus	<u> 24</u>	= /		x =	~	OR	x =		
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	Application Size Fee (37 CFR 1.16(s))											
′	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
L		(Column 1)		(Column 2)	(Column 3)	_			_	· ·		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)	
Ι Σ	Total (37 CFR 1.16(i))	•	Minus	**	=		x =		OR	x =		
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ME	Application Size Fee (37 CFR 1.16(s))								] "			
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR -			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.      If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".      If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												

\*\*\* If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Effective October 1, 2000											) <del>]</del>		
1,	17, 8,13 CLAIMS AS FILED - PART I 14,15,16,17,18,19 (Column 1) (Column 2)								NTITY	OTHER THAN SMALL ENTITY			
TO	OTAL CLAIMS							RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			26 mi	2 6 minus 20= ° (		?		X\$ 9=		OR	X\$18=	108	
	DEPENDENT C		) C minus 3 = *		<u> </u>	7		X40=		OR	X80=	.57./	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+135=		OR	+270=	900		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1374	
CLAIMS AS AMENDED - PART II											OTHER THAN		
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY C					
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AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total Independent	. 26	Minus	.34	ρ	• /		X\$ 9=		OR	X\$18=		
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1	J-14-04	1						TOTAL LOCIT. FEE		OR	TOTAL ADDIT, FEE		
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ENTC		REMAINING AFTER AMENDMENT		NUME PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	HHST PRESE	NTATION OF MIL	LTIPLE DEP	ENDENT	CLAIM		<b> </b>			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										+270=			
	The "Highest Nur I the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THIS id For IN THU!	S SPACE IS S SPACE IS	less than	20, enter "20."	_	DOIT. FEE		OR	TOTAL NODIT, FEE		
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**Application or Docket Number**